

**Commonwealth of Massachusetts**  
**COMMITTEE ON ACUPUNCTURE**  
**200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880**  
**Telephone: (781) 876-8210 Fax: (781) 876-8383**  
**www.mass.gov/massmedboard**

**STATE LICENSE VERIFICATION FOR ACUPUNCTURE AND OTHER HEALING ARTS**

**Applicant's Instructions:** Complete the waiver for release of information and forward this form to every state board where you are currently licensed or registered to practice acupuncture and or any other healing art. You must request verification of every state license whether it is current or not renewed. Please contact the individual state board(s) for information on verification processing fees before you mail this form.

**Applicant's Waiver for Release of Information:**

I am applying for an acupuncture licensure in the Commonwealth of Massachusetts and the Committee On Acupuncture requires that this form be completed by each state where I hold or have ever held an acupuncture license or a license in any other healing art. I hereby authorize the release of any information in your files, favorable or otherwise.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**TO BE COMPLETED BY STATE BOARD**

State of: \_\_\_\_\_

Full Name of Licensee: \_\_\_\_\_

Type of License: \_\_\_\_\_ License number: \_\_\_\_\_

Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

License Category: ☐ Active ☐ Inactive ☐ Other \_\_\_\_\_

Status of license: (check one): ☐ Good standing ☐ Revoked ☐ Suspended

If revoked or suspended, please explain: \_\_\_\_\_

	YES	NO
Has the licensee ever been on probation?	<input type="checkbox"/>	<input type="checkbox"/>

Has the licensee ever been requested to appear before the board?	<input type="checkbox"/>	<input type="checkbox"/>
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If "yes," please explain: \_\_\_\_\_

Other derogatory information: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signed: \_\_\_\_\_

**BOARD SEAL**

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

State Board: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE RETURN THE STATE LICENSE VERIFICATION TO THE APPLICANT IN A SEALED ENVELOPE WITH THE BOARD SEAL OR THE SIGNATURE OF THE PERSON COMPLETING THIS FORM ON THE BACK OF THE ENVELOPE.**